FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |  |
|-------------|------------|--|
|-------------|------------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |     |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |
| hours per response.      | 0.5 |  |  |  |  |  |  |  |

|  | tion 1(b).  | minuc. See         |               | Filed                                |  |   |   |   |                           |  | ities Exchang<br>ompany Act o |                           | 1934   |   | LINOL   | irs per r                             | esponse:  | 0.5                                      |  |
|--|---|--------------------|---------------|--------------------------------------|--|---|---|---|---------------------------|--|-------------------------------|---------------------------|--|---|---|---------------------------------------|---|--|--|
| Name and Address of Reporting Person*     MEHRA AJAY |   |                    |               |                                      | 2. Issuer Name and Ticker or Trading Symbol OSI SYSTEMS INC [ OSIS ] |   |   |   |                           |  |                               |                           | 5. Relationship of Repor<br>(Check all applicable)<br>Director |   |   | 10%                                   | Olssuer Owner r (specify  |  |  |
| (Last) (First) (Middle) 12525 CHADRON AVE            |   |                    |               |                                      | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2020          |   |   |   |                           |  |                               |                           |  | X below) below)  Executve Vice President            |   |                                       |   |  |  |
| (Street) HAWTH                                       | ORNE (  |                    | 90250<br>Zip) |                                      | 4. If <i>i</i>   | Line)   |   |   |                           |  |                               |                           |  | ne)<br>X Form<br>Form                               |   |                                       |   |  |  |
|  |   | Table              | : I - N       | on-Deriva                            | tive   | Secu  | rities  | Acc                                     | quirec                    | l, Di  | sposed of                     | , or B                    | enefici  | ally Own  | ed  |                                       |   |  |  |
| Dai  |   |                    | Date          | Date (Month/Day/Year) if             |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |   | 3.<br>Transaction<br>Code (Instr.<br>8) |                           | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |                               | ed (A) or<br>tr. 3, 4 and | Benefici   | es<br>ally<br>Following                             | Form:   | : Direct<br>Indirect                  | 7. Nature of Indirect Beneficial Ownership (Instr. 4)             |  |  |
|  |   |                    |               |                                      |  |   |   |   | Code                      | v  | Amount                        | (A) or<br>(D)             | Price  | Transac   | ransaction(s)<br>Instr. 3 and 4)  |                                       |   | (111301. 4)                              |  |
| Common   | Stock   |                    |               | 12/31/20                             | 020  |   |   |   | A                         |  | 173(1)                        | A                         | \$61.1   | 1.12 44,650   |   |                                       | D   |  |  |
| Common   | Stock   |                    |               |                                      |  |   |   |   |                           |  |                               |                           |  | 9,0   | 9,683 I Please Footno   |                                       |   |  |  |
|  |   | Та                 | ble II        |                                      |  |   |   |   |                           |  | osed of,<br>convertib         |                           |  |   | d   |                                       |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | e (Month/Day/Year) | Execu         | eemed<br>ution Date,<br>th/Day/Year) | 4.<br>Transa<br>Code<br>8)   | action<br>(Instr.   | 5. Nui<br>of<br>Derivi<br>Secur<br>Acqui<br>(A) or<br>Dispo<br>of (D)<br>(Instr.<br>and 5 | ative<br>rities<br>ired<br>osed         | 6. Dat<br>Expira<br>(Mont | ation D  |                               | 3 and 4                   | nt of<br>ties<br>lying<br>tive<br>ty (Instr.                   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Numb<br>derivativ<br>Securitie<br>Beneficia<br>Owned<br>Followin<br>Reported<br>Transact<br>(Instr. 4) | re<br>es<br>ally<br>g<br>d<br>tion(s) | 10.<br>Ownersh<br>Form:<br>Direct (D<br>or Indirec<br>(I) (Instr. | Beneficial<br>Ownership<br>ct (Instr. 4) |  |

Date

Exercisable

(D)

## **Explanation of Responses:**

- 1. Acquired pursuant to issuers Employee Stock Purchase Plan.
- 2. Shares owned by the Mehra Family Trust dated 7-12-2008

/s/ Ajay Mehra

Title

Expiration

01/04/2021

\*\* Signature of Reporting Person

of Shares

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.